## **Fulton State Hospital**

News for and about happenings at FSH

**ISSUE 02 SUMMER 2010** 





The Governor has again announced another round of budget cuts. The Department of Mental Health as well as Fulton State Hospital is still trying to determine the impact of those latest budget cuts. However, plans are continuing to move forward with the DMH redesign. The time tables for changes to begin are as follows:

- ➤ The first ward closures will begin in mid-August with the closure of G02 in the Guhleman Unit.
- The second ward closure will take place in mid-September.

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### **Latest News about SORTS**

SORTS staff will be coming to FSH in June to look at the Guhleman EAST building and to sit down and look at what services Fulton will provide to the program.

#### Other News

IST clients in Biggs will now stay in Biggs to receive their competency training rather than move to Guhleman. This change is effective immediately.

Watch for more updates about the ongoing progress of the restructuring.

# Changes for Fulton State Hospital (contd)

- ➤ The first of November is still the target date for the SORTS program to begin in the Guhleman East Complex.
- ➤ Once the closures of the Guhleman wards occur, the displaced staff will be used to help with staffing issues.
- ➤ Planning is ongoing for the patient transfers to a mental health facility in St. Louis. Staff from St. Louis will visit in July. Plans are for these staff members to meet with Treatment Teams, Specialty Clinic and most importantly the patients.
- ➤ Talks are set to begin with the owners of Pro-Act to discuss ways of adapting the program to our hospital in a more meaningful way, particularly related to physical management techniques.
- ➢ Be reminded, these <u>proposed</u> changes are subject to further modification. This information will be updated as news becomes available.



#### FAQ'S About FSH Restructuring

Is Administration vacating the Admin Building and moving to HPC after the clients leave?

There are no current plans for the Administration Building staff to move into Ritterbusch. There is some discussion that since we have to keep the lights and the heat and air conditioning running that there may be some staff from other office buildings on campus that might appreciate being in Ritterbusch. This is not for certain at this time.

How quickly is GO2 closing and what rights will the staff have to jobs in GFC or BFC?

Because of the need to renovate one of the bottom wards in Guhleman we know that one of them will be closed likely this year. The decision as to which one has not been finalized. Rights to positions are based on MOSER's service credit. There is a document that was passed around at the last town hall meeting that was called Fulton State Hospital Restructuring. That document gives the most accurate information we have until the lay off process begins. You can find that document on the CPS Central Region page.

If a staff member took a demotion to position, can they return to the position they demoted from if laid off?

An employee will not be given an option for a higher classification with a layoff.

If I am on probation when I get laid off, do I still have rights when it comes to reinstatement or am I just out of luck?

Probationary employees have no rights during a lay off.



# Free Webcast for Continuing Education Credit!

"Epilepsy in the New Millennium: Emerging Treatments and Guidelines for Effective Diagnosis and Disease Management"

Does having a seizure mean epilepsy, or is it an isolated neurological event? Failure to recognize diagnostic uncertainty between the epilepsies and non-epileptic events may be a factor in high rates of misdiagnosis.(1) Many patients who have been misdiagnosed as having epilepsy have had previous EEGs interpreted as epileptiform that contributed to the misdiagnosis of epilepsy.(2) Patients are often faced with the need to tolerate complex cocktails of medications over long periods of time causing side effects of these chronic medications to be of concern for both physicians and their patients. Pharmacologic management of patients with epilepsy is one of the greatest unmet needs of the disease. It is important that clinicians are aware of the evidence for current and emerging therapies so they can individualize care of their patients. There is no real "Gold Standard" of guidelines for improving diagnosis and treatment of epilepsy,(3) but clinicians need to be aware of the most recent guidelines and how they can incorporate them in their practice. In this neuroscience CME webcast, the experts will explore these clinical challenges of managing patients with epilepsy, and will provide insights and strategies for the improvement of patient care.

Date: Thursday, July 1<sup>st</sup>, 11 am – 12pm JBF Building, Room 193

This activity offers CE credits for Physicians, Nurses, Pharmacists, Psychologists, Social Workers, and Certified Case Managers. All other clinicians will receive a CME Attendance Certificate. Register via email at DMH.FSH STAFF DEV request.

# More FAQ's about FSH restructuring.....

Out of the 104 people getting laid off when they close down the first three wards, how many are FRS positions? How do they staff at GFC on the wards? Is it the same as Biggs or is it more?

The good news is what was identified was 104 positions NOT people were going to be lost in the fall with three wards closing. Much has been going on in our discussions about keeping ultimately four wards open in GFC and what the timing was going to be for SORTS ward(s). The outlook for the fall is becoming more positive for FSH. When you close a ward, since the majority of those positions for a ward are FRS, those are the majority of the positions we lose. However, when a ward closes, you also lose the other positions associated with a ward. Guhleman wards in general have more FRS staff associated with a ward because the wards are bigger (capacity of 25) than those in Biggs (capacity 16 - 19) except for B06). The ratio used to staff a ward is the same, there are just more beds on GFC wards.

### Quote of the day.....

Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better.

King Whitney Jr.



### **Upcoming Events**

### **Town Hall Meetings**

More town hall meetings are being scheduled to discuss the changes that are occurring at Fulton State Hospital and any new developments. Watch for the schedule in the FORUM or through a hospital-wide e-mail.

### Bluegrass & BBQ

The Fulton State Hospital Foundation will sponsor its Fourth Annual Bluegrass & BBQ event on Sunday, September 19<sup>th</sup> beginning at noon on the front lawn of the Fulton State Hospital. Bands will again be performing each hour and local vendors will provide the BBQ. Bring your lawn chairs and enjoy an afternoon of music with the entire family. Admission is \$5 per person, 16 and under admitted free with an adult. For more information contact Susan Groves at 573-642-7523.

CHECK BACK OFTEN TO FIND OUT INFORMATION
ON MORE EVENTS AT THE HOSPITAL.

## Joel Slack to visit FSH......

Joel Slack, well known speaker, consumer advocate and consultant will be presenting the "RESPECT Seminar" once again at Fulton State Hospital. Mr. Slack, founder of Respect International, LLC developed the RESPECT Seminar to promote the powerful impact that respect and disrespect has on a person recovering from a psychiatric disability. Joel offers training through the RESPECT Institute to teach consumers how to share their own personal stories to educate others.

All consumers and staff are invited and encouraged to attend.

### Schedule:

HPC

June 22 - 9-11 & 3:15 - 4:45

**GFC** 

June 23 - 9 - 11 & 3:15 - 4:45

BFC

June 21 – 3:30 – 5

June 24 - 9:30 - 11:30

Jane Bierdeman-Fike Bldg

June 22 - 1:2:45

June 24 - 1:2:45

### **FULTON STATE HOSPITAL**

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